

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service 07/05/01?
- b. The request was received on 01/22/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 04/01/02
 - b. HCFA's
 - c. EOBs
 - d. Reimbursement data (EOBs from other carriers)
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. HCFA's
 - c. Audit summaries/EOB
 - d. Reimbursement data (Red Book suggested retail prices)
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 04/09/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 04/11/02. The response from the insurance carrier was received in the Division on 04/17/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 04/01/02 states,
"The expected out come of this issue is that we feel the claims should be paid in full and in accordance with the established fair and reasonable guideline."
2. Respondent: Letter dated 02/19/02 states,

“The dispute centers around reduction of payment for supplies to fair and reasonable...I have given them a supplemental payment of 20% (\$14.57) to bring the total amount paid for the airstrips up to \$87.44.” The carrier feels the provider has received fair and reasonable reimbursement.

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only date of service eligible for review is 07/05/01.
2. The carrier's EOB has the denial “M – Reduced to Fair and Reasonable.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
07/05/01	E1399 airstrips	\$177.66	\$87.44 (after supplemental payment)	M	DOP	Texas Workers' Compensation Act & Rules, Sec. 413.011 (d), Rule 133.304 (i); MFG, GI (VI)	Due to the fact there is no current fee guideline for the supplies provided, the Medical Review Division has to determine based on the parties' submission of information, what represents fair and reasonable reimbursement. The carrier's determination of fair and reasonable is based on the suggested retail price in the 2000 <u>Red Book</u> . The carrier reimbursed 20% above the suggested retail price. This documentation is more persuasive of what would be fair and reasonable reimbursement, than the EOBs from other carriers submitted by the provider. Therefore, no additional reimbursement is recommended.
07/05/01	E1399 primapore	\$119.00	\$83.52	M	DOP	Texas Workers' Compensation Act & Rules, Sec. 413.011 (d), Rule 133.304 (i); MFG, GI (VI)	Due to the fact there is no current fee guideline for the supplies provided, the Medical Review Division has to determine based on the parties' submission of information, what represents fair and reasonable reimbursement. The carrier's determination of fair and reasonable is based on the suggested retail price in the 2000 <u>Red Book</u> . The carrier reimbursed 20% above the suggested retail price. This documentation is more persuasive of what would be fair and reasonable reimbursement, than the EOBs from other carriers submitted by the provider. Therefore, no additional reimbursement is recommended.
Totals		\$296.66	\$170.96				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 14th day of May 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director